



4-25-05

IFU

PTO/SB/21 (09-04)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

1

Application Number

10/672,819

Filing Date

September 26, 2003

First Named Inventor

Harrison, Charles R.

Art Unit

2643

Examiner Name

Quoc Duc Tran

Attorney Docket Number

20366-092500

**ENCLOSURES (Check all that apply)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply                       | <input type="checkbox"/> Petition  | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application  | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Terminal Disclaimer   | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund  | Return Postcard   |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s) _____   |   |
|   | <input type="checkbox"/> Landscape Table on CD   |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.  |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   | No fee transmittal is attached as this Amendment is being timely filed with 18 total claims having previously paid for 18 total claims and 4 independent claims having previously paid for 4 independent claims. |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |  |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

Steven A. Gahlings

Date

April 22, 2005

Reg. No.

54,108

**CERTIFICATE OF TRANSMISSION/MAILING**

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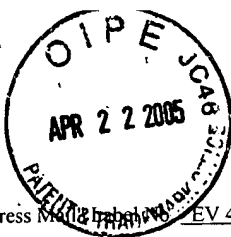
Signature

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Sara B. McPeak

Date

April 22, 2005



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Date of Deposit April 22, 2005

PATENT

Attorney Docket No.: 20366-092500

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P.O. Box 1450  
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By: \_\_\_\_\_

Sara B. McPeak

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Charles R. Harrison

Application No.: 10/672,819

Filed: September 26, 2003

For: SYSTEMS AND METHODS FOR  
DETERMINING THE STATUS OF  
TELEPHONE LINES

Customer No.: 20350

Confirmation No. 8932

Examiner: Quoc Duc Tran

Technology Center/Art Unit: 2643

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed January 24, 2005, please enter the following amendments and remarks:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.